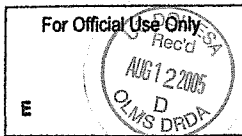


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|---|
| 1. File Number U - <u>5792</u> | 2. Fiscal Year Covered From: <u>7</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>RICHARD</u> <u>M</u> <u>SPALDING</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>8133 RED STONE HILL</u> City <u>LOUISVILLE</u> State <u>KY</u> <u>40214</u> ZIP Code + 4 <u>4613</u> | 4. Name, file number, and address of labor organization. Name <u>SHEET METAL WORKER LOCAL 110</u> Labor Organization File Number <u>002417</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>7711 BEVLAH CHURCH RD.</u> City <u>LOUISVILLE</u> State <u>KY</u> <u>40228</u> ZIP Code + 4 <u>1738</u> |
| 5. Position in labor organization. <u>TRUSTEE</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u> | 7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u> |

Signature

| | | |
|--|---------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Richard M. Spalding</u> | On <u>8-10-05</u> Date | <u>502-367-9634</u> Telephone Number |

| | |
|--|--|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. |
| Name <input style="width: 90%;" type="text"/> | <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| Trade Name, if any: <input style="width: 90%;" type="text"/> | |
| P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> | |
| Street <input style="width: 90%;" type="text"/> | |
| City <input style="width: 90%;" type="text"/> | |
| State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 14.b. Amount of payment. |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | |

The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Richard M. Spalding
Signature

8-10-05
Date

